

115TH CONGRESS
1ST SESSION

H. R. 4582

To amend title XVIII of the Social Security Act to preserve access to rehabilitation innovation centers under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 7, 2017

Mr. OLSON (for himself, Mr. GENE GREEN of Texas, Mr. MICHAEL F. DOYLE of Pennsylvania, Ms. ROYBAL-ALLARD, Mr. LOWENTHAL, Mr. FOSTER, and Mr. DANNY K. DAVIS of Illinois) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to preserve access to rehabilitation innovation centers under the Medicare program.

1 *Be it enacted by the Senate and House of Representa-
2 tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Preserving Rehabilita-
5 tion Innovation Centers Act of 2017”.

1 SEC. 2. PRESERVING ACCESS TO REHABILITATION INNOVA-

2 TION CENTERS UNDER MEDICARE.

3 Section 1886(j)(7)(E) of the Social Security Act (42
4 U.S.C. 1395ww(j)(7)(E)) is amended—

8 “(i) IN GENERAL.—The”; and

“(ii) PUBLIC RECOGNITION OF REHABILITATION INNOVATION CENTERS.—Not later than one year after the date of the enactment of this clause, the Secretary shall make publicly available on such Internet website, in addition to the information required to be reported on such website under clause (i), a list of all rehabilitation innovation centers.

“(iii) REHABILITATION INNOVATION CENTERS DEFINED.—For purposes of clause (ii), the term ‘rehabilitation innovation centers’ means a rehabilitation facility that, as of the date of the enactment of this clause, is a rehabilitation facility described in either clause (iv) or (v).

1 “(iv) NOT-FOR-PROFIT.—A rehabilita-
2 tion facility described in this clause is a re-
3 habilitation facility that—

4 “(I) is classified as a not-for-
5 profit entity under the IRF Rate Set-
6 ting File for the Inpatient Rehabilita-
7 tion Facility Prospective Payment
8 System for Federal Fiscal Year 2016
9 (80 Fed. Reg. 47142);

10 “(II) holds at least one Federal
11 rehabilitation research and training
12 designation for research projects on
13 traumatic brain injury, spinal cord in-
14 jury, or stroke rehabilitation research
15 from the National Institute on Dis-
16 ability, Independent Living, and Re-
17 habilitation Research at the Depart-
18 ment of Health and Human Services,
19 based on such data submitted to the
20 Secretary by a facility, in a form,
21 manner, and time frame specified by
22 the Secretary;

23 “(III) has a minimum Medicare
24 estimated weight per discharge of
25 1.1144 for fiscal year 2016 according

1 to the IRF Rate Setting File de-
2 scribed in subclause (I); and

3 “(IV) is determined by the Sec-
4 retary, based upon such data sub-
5 mitted by the facility to the Secretary
6 as the Secretary may require, to have
7 had at least 300 Medicare discharges
8 in a year.

9 “(v) GOVERNMENT-OWNED.—A reha-
10 bilitation facility described in this clause is
11 a rehabilitation facility that—

12 “(I) is classified as a Govern-
13 ment-owned institution under the IRF
14 Rate Setting File described in clause
15 (iv)(I);

16 “(II) holds at least one Federal
17 rehabilitation research and training
18 designation for research projects on
19 traumatic brain injury, spinal cord in-
20 jury, or stroke rehabilitation research
21 from the National Institute on Dis-
22 ability, Independent Living, and Re-
23 habilitation Research at the Depart-
24 ment of Health and Human Services,
25 as determined based on such data

1 submitted to the Secretary by the fa-
2 cility as the Secretary may require
3 (and in a form, manner, and time
4 frame specified by the Secretary);

5 “(III) has a minimum Medicare
6 estimated weight per discharge of
7 1.1144 according to the IRF Rate
8 Setting File described in clause
9 (iv)(I); and

10 “(IV) has a Medicare dispropor-
11 tionate share hospital (DSH) percent-
12 age of at least 0.6300 according to
13 the IRF Rate Setting File described
14 in clause (iv)(I).

15 “(vi) IMPLEMENTATION.—Notwith-
16 standing any other provision of law the
17 Secretary may implement clauses (ii)
18 through (v) by program instructions or
19 otherwise.

20 “(vii) NONAPPLICATION OF PAPER-
21 WORK REDUCTION ACT.—Chapter 35 of
22 title 44, United States Code, shall not
23 apply to data collected under this clause.

24 “(viii) STUDY.—Not later than 18
25 months after the date of the enactment of

1 this clause, the Medicare Payment Advi-
2 sory Commission established under section
3 1805 shall submit to Congress a report
4 analyzing the most recent three years of
5 cost report data available for all rehabilita-
6 tion innovation centers (as defined in
7 clause (ii)) and assess the payment ade-
8 quacy for such innovation centers under
9 the Medicare program.”.

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